

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2341

State File No. _____

Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville, Mo.
(c) Name of hospital or institution: Dr. Alex Van Ravensway Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Days
In this community 20 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William Henry Schull

3. (b) If veteran, name war No
3. (c) Social Security No. 496-14-1206

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Etta 6. (c) Age of husband or wife if alive 65 Yrs
E. Schull

7. Birth date of deceased October 12, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 2 23 hr. min.

9. Birthplace New Philidelpha Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Carpentner

11. Industry or business

MOTHER FATHER { 12. Name William H. Schull
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Oswald
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Etta Schull
(b) Address Jamestown Mo

17. (a) Burial (b) Date thereof Jan. 7/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion Cemetery
18. (a) Signature of funeral director L. J. M. M. M.
(b) Address Boonville Mo

19. (a) 1-7-41 (b) DeLooper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Near Jamestown, Mo.
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4th. year 1941 hour 8 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Dec. 25, 1940, to Jan. 4, 1941;
that I last saw him alive on Jan. 4, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Ca. of liver
Due to 468

Due to _____

Other conditions Obstructive jaundice
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature DeLooper (M. D. or other) D
Address Boonville Mo Date signed Jan. 5

9221-71-1706

RECEIVED
District Health Officer No. 8,
District File Number 2-6-41
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Registered Apprentice No.....

Signed Paul T. Hestney

Licensed Embalmer No. 3598

P. O. Address Moberly Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.